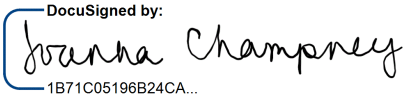


**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> DSAMH UR Discharge Review	<b><u>POLICY #:</u></b> DSAMH036
<b><u>PREPARED BY:</u></b> DSAMH UR	<b><u>DATE ISSUED:</u></b> 6/6/22
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 UR Initial Review Policy DSAMH035 UR Concurrent Review Policy DSAMH037 UR Retroactive Review Policy	<b><u>REFERENCE:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 6/6/22	<b><u>DATES REVISED:</u></b> N/A
<b><u>APPROVED BY:</u></b>   6/13/2022   8:52 AM PDT	<b><u>NOTES:</u></b> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

**I. PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.

**II. POLICY STATEMENT:**

DSAMH shall conduct discharge reviews to ensure that clients receive discharge plans that reflect a continuity of care to the least restrictive level of care that is affordable, appropriate, feasible, and obtainable. The goal is that each patient has a discharge plan in place in order to promote best outcomes and prevent rapid readmission.

**III. DEFINITIONS:**

**“Authorization”** means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric treatment.

**“Discharge Plan”** means a plan developed to coordinate services of an individual to the next level of care. Discharge plans should include, but are not limited to, any information pertaining to

appointments, medications, access to medication, transportation, housing, and any other identified health or social service needs.

**“FFS”** means fee-for-service.

**“Utilization Review” or “UR”** means the review of clinical information to determine authorization approval or denial.

- IV. **SCOPE**: This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**

A. Discharge documentation must be submitted to the DSAMH UR email box [DSAMH\\_EEU\\_UR@delaware.gov](mailto:DSAMH_EEU_UR@delaware.gov) within one (1) business day after discharge with the word “discharge” in the subject line. Discharge documentation submitted to another email box will not be accepted. The discharge instructions shall include:

1. Aftercare appointment with either a psychiatrist or therapist within seven (7) days of discharge,
2. Aftercare appointment with a provider who accepts State pay or FFS payment,
3. Emergency plan or safety plan,
4. Community resources and emergency numbers, and
5. Discharge diagnosis.

B. Review of discharge documentation:

1. DSAMH UR will conduct a review of discharge documentation to provide determination of appropriateness of discharge plan.
2. Incomplete, inappropriate, or late discharge plans will result in denial of payment from the State.
3. The information obtained from the discharge documentation is utilized for the final authorization.

C. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

- VI. **POLICY LIFESPAN**: Policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

- VII. **RESOURCES**: N/A